

RESOLUTION AGREEMENT

between the

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS

and

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

DOCKET NO. 01-97-3096/97-06787

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I. Introduction

This Resolution Agreement (Agreement) is entered into by the United States Department of Health and Human Services, Office for Civil Rights (OCR) and the Maine Department of Health and Human Services (ME DHHS), the successor agency of the Maine Department of Human Services (ME DHS). This Agreement resolves Complaint/Transaction No. 01-97-3096/97-06787, which was filed with OCR alleging that ME DHS failed to provide meaningful access to its programs and services for limited-English proficient (LEP) individuals, thus subjecting them to discrimination on the basis of national origin in violation of Title VI of the Civil Rights Act of 1964.

A. Parties to Agreement

1. United States Department of Health and Human Services, Office for Civil Rights.
2. ME DHHS is the State Agency responsible for administering various federally-funded medical, public and child welfare assistance programs within the State of Maine, including, but not limited to Temporary Assistance for Needy Families (TANF), Child Welfare, Medicaid, and Child and Family Services.

B. Jurisdiction

1. ME DHHS receives Federal financial assistance from the U.S. Department of Health and Human Services (HHS) and is subject to Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d *et seq.*, (Title VI) and implementing regulations, 45 C.F.R. Part 80. Title VI prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving Federal financial assistance. The implementing regulations prohibit both intentional discrimination and policies and practices that appear neutral but have a discriminatory effect. Policies that have an adverse effect on the ability of national origin minorities to meaningfully access services may also constitute a violation of Title VI.

C. Complaint/Result of Investigation

1. HHS Office for Civil Rights (OCR) received the above referenced complaint alleging that ME DHS had failed to provide meaningful access to LEP individuals seeking and/or receiving TANF, Child Welfare, Medicaid and State Children's Health Insurance Program (SCHIP) benefits, causing the LEP individuals to be subjected to discrimination on the ground of national

origin.

2. OCR conducted on-site visits and contacted ME DHHS administration to obtain information about ME DHHS' policies and procedures. During its investigation, OCR observed several areas of concern regarding the provision of language assistance services to LEP individuals.
3. Since the complaint was filed, ME DHHS voluntarily developed a Language Access Policy to ensure meaningful access to its programs and services by LEP individuals. Other complaints alleging denials of access to LEP individuals, which were filed with OCR subsequent to the above referenced complaint, have been resolved through the corrective action of ME DHHS.

D. Purpose of Agreement

1. To resolve these matters expeditiously and without further burden or expense of investigation or litigation, ME DHHS agrees to the terms stipulated in this Agreement and affirms its assurance of compliance with all provisions of Title VI and its implementing regulations. The promises, obligations or other terms and conditions set forth in this Agreement constitute the exchange of valuable consideration between ME DHHS and OCR.
2. This Agreement shall not be construed as an admission or as evidence that ME DHHS has not complied with Title VI of the Civil Rights Act of 1964 or its implementing regulations with respect to the allegations in the administrative complaint.

II. Definitions

For the purpose of this Agreement, the terms listed below shall have the following meaning:

- A. **Limited-English Proficient (LEP) Individual** shall mean an individual who does not speak English as his or her primary language and who has a limited ability to read, write, speak or understand English in a manner that permits him or her to communicate effectively with ME DHHS.
- B. **Language Assistance** shall mean all oral and written language services needed to assist LEP individuals to communicate effectively with ME DHHS' staff and to provide LEP individuals with meaningful access to, and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by ME DHHS.

- C. **Primary Language** shall mean the language that an LEP individual identifies as the language that he or she uses to communicate effectively.
- D. **Frequently-Encountered Language** shall mean any language spoken by a significant number or percentage of the population eligible to be served or likely to be directly affected by ME DHHS' programs and services.

III. General Provisions

- A. **Facilities Covered by This Agreement.** The terms of this Agreement apply to any program or activity of ME DHHS.
- B. **Suspension of Administrative Action.** Subject to the continued performance by ME DHHS of the stated obligations and required actions contained in this Agreement and in conformity with Section III.H. (Failure to Comply with the Terms of This Agreement) OCR shall suspend administrative action on Complaint/Transaction No. 01-97-3096/97-06787 against ME DHHS.
- C. **Effective Date and Duration of Agreement.** This Agreement shall become effective on the date it is executed by OCR (Effective Date) and shall remain in effect for three (3) years. At such time, the Agreement will terminate, provided ME DHHS is in substantial compliance with the Agreement. Notwithstanding the aforementioned time limitation, ME DHHS acknowledges that it will comply with Title VI of the Civil Rights Act of 1964 for so long as it continues to receive Federal financial assistance.
- D. **ME DHHS' Continuing Obligation.** Nothing in this Agreement is intended to relieve ME DHHS of its obligation to comply with other applicable nondiscrimination statutes and their implementing regulations.
- E. **Effect on Other Compliance Matters.** This Agreement is intended to resolve any reviews or complaints regarding the access to services by LEP individuals pending before OCR as of the Effective Date of this Agreement. The terms of this Agreement do not apply to any pending issues, investigations, reviews, or complaints of discrimination that are unrelated to the subject matter of this Agreement and may be pending before OCR. Any compliance matters arising from subsequent reviews or investigations will be addressed and resolved separately. This Agreement also does not preclude further OCR complaint investigations or compliance reviews. OCR shall review complaints against ME DHHS that are received on or after the Effective Date that concern the laws, regulations, issues and subject matter covered by this Agreement. Nothing in this paragraph shall be construed to limit or restrict OCR's

statutory and regulatory authority to conduct complaint investigations and compliance reviews.

- F. Prohibition Against Retaliation and Intimidation.** ME DHHS shall not retaliate, intimidate, threaten, coerce, or discriminate against any person who has filed a complaint, assisted, or participated in any manner in the investigation of matters addressed in this Agreement.
- G. OCR's Review of ME DHHS' Compliance with This Agreement.** OCR may, at any time, review ME DHHS' compliance with this Agreement. As part of such review, OCR may require ME DHHS to provide written reports, permit inspection of offices, interview witnesses, and examine and copy documents. ME DHHS agrees to retain records required by OCR to assess its compliance with the Agreement and to submit the requested reports to OCR as specified below.
- H. Failure to Comply with the Terms of This Agreement.** If at any time OCR determines that ME DHHS has failed to comply with any provision of this Agreement, OCR shall notify ME DHHS in writing. On notice to ME DHHS, OCR may shorten the time frame outlined below, if it determines that a delay would result in irreparable injury to the complainant or to other affected parties.
1. The notice shall include a statement of the basis for OCR's determination and will allow ME DHHS thirty (30) days to either:
 - a. Explain in writing the reasons for its actions and describe the remedial actions that have been or will be taken to achieve compliance with this Agreement; or
 - b. Provide information that would cause OCR to review or change its determination.
 2. If ME DHHS does not respond to the notice or, if upon review of ME DHHS' response, OCR finds that ME DHHS has not substantially complied with the terms of the Agreement, OCR may, upon notice to ME DHHS:
 - a. Re-open the investigation;
 - b. Issue a Letter of Findings documenting the area of non-compliance;
 - c. Initiate administrative enforcement proceedings to suspend or terminate Federal financial assistance;
 - d. Refer the matter to the U.S. Department of Justice with a recommendation that appropriate proceedings be brought for enforcement; or
 - e. Initiate any applicable proceedings under federal law.

- I. Non-Waiver Provision.** Failure by OCR to enforce this entire Agreement or any provision thereof with respect to any deadline or any other provision shall not be construed as a waiver of OCR's right to enforce other deadlines or any provision of this Agreement.
- J. Entire Agreement.** This Agreement constitutes the entire understanding between ME DHHS and OCR in resolution of Complaint/Transaction No. 01-97-3096/97-06787. Any statement, promise or agreement not contained herein shall not be enforceable through this Agreement.
- K. Modification of Agreement.** This Agreement may be modified by mutual agreement of the parties in writing.
- L. Effect of ME DHHS Program Changes.** ME DHHS reserves the right to change or modify its programs, so long as ME DHHS ensures compliance with Title VI, and other applicable Federal statutes, and the provisions of this Agreement. Significant program changes that may affect compliance with this Agreement or any applicable statutes and regulations within OCR's jurisdiction must be reported to OCR promptly.
- M. Publication or Release of This Agreement.** OCR places no restrictions on the publication of the terms of this Agreement. In addition, OCR may be required to release the Agreement and all related materials to any person upon request consistent with the requirements of the Freedom of Information Act, 5 U.S.C. §522, and its implementing regulations, 45 C.F.R. Part 5.
- N. Authority of Signer.** The individual who signs this document on behalf of ME DHHS represents that he or she is authorized to bind ME DHHS to this Agreement.
- O. Third Party Rights.** This Agreement can only be enforced by the parties specified in this Agreement, their legal representatives and assigns. This Agreement shall be unenforceable by third parties and shall not be construed to create third party beneficiary rights.

IV. Specific Provisions

- A. Recognition.** ME DHHS recognizes that LEP individuals need language assistance services to access and fully participate in programs and activities operated by ME DHHS. ME DHHS is committed to providing competent language assistance at no cost and in a timely manner to LEP individuals to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs or other

benefits administered by ME DHHS. This includes ensuring effective communication between ME DHHS staff members, subcontractors and LEP individuals.

B. Develop and Implement Policy. ME DHHS provided OCR with its revised Language Access Policy, dated January 14, 2005 (hereinafter Policy). Its Policy is incorporated as specifically provided herein. (See Attachment A) ME DHHS agrees to implement its Policy consistent with the terms and provisions of this Agreement and Title VI of the Civil Rights Act of 1964.

C. Assessment for Determining Linguistic Needs

1. **Determining the Language Needs of the Affected Population.** Within one hundred eighty (180) days after the Effective Date of this Agreement, and every two years thereafter, ME DHHS shall assess the language needs of LEP individuals that are eligible for services and are likely to be directly affected by its program. Such assessment shall identify the following:
 - a. The non-English languages that are likely to be encountered in ME DHHS' program.
 - b. An estimate of the number of LEP individuals likely to be directly affected by ME DHHS' program. To identify the languages and to estimate the number of LEP individuals, the ME DHHS may, among other sources, review:
 - i. Census data;
 - ii. Utilization data from LEP individual's files;
 - iii. School system data;
 - iv. Data from state and local governments; and
 - v. Data from community agencies and organizations.
 - c. The points of contact in ME DHHS where language assistance is likely to be needed.
 - d. The resources that will be needed to provide effective language assistance and the location and availability of these resources. This shall include the number of bilingual staff, staff interpreters, contracted and/or community interpreters required at each ME DHHS office and the resources needed to translate documents as required.
2. **Determining the Language Needs of Each LEP Individual.** ME DHHS shall develop and implement a procedure for determining the language needs of each LEP individual at the first point of contact.

- a. **In-person Communication.** Upon a staff member's initial encounter with an LEP individual for whom the staff member cannot personally provide language assistance, the staff member will determine the LEP individual's primary language utilizing one of the following techniques:
- i. Multi-language identification "I Speak" cards;
 - ii. Poster-size language list; or
 - iii. If the LEP individual does not read or recognize any of the languages included in one of the methods described above, ME DHHS shall use a telephone interpreting service to identify the individual's primary language.

Upon the identification of the LEP individual's primary language, the ME DHHS staff member will refer the individual to the pre-printed statement in the individual's primary language, "Please wait while I obtain an interpreter."

- b. **Telephone Communication.** When a staff person places or receives a telephone call and cannot determine the language spoken by the person on the line, a telephone interpreter services provider will be contacted to make an assessment of the language spoken by the other party and to assist the other party as necessary.
- c. **Documentation.** The primary language of each individual shall be documented in the individual's file (or other pertinent record) to alert staff that language assistance services must be provided.

D. Notifying LEP Individuals of the Availability of Free Language Assistance. ME DHHS shall provide meaningful notice to LEP individuals of the right to free language assistance and the process for filing and resolving grievances about such services with ME DHHS. Such methods shall include:

1. posters and signs translated into frequently-encountered languages prominently displayed in each ME DHHS office waiting rooms, reception areas, and other initial points of entry; and
2. a statement included on application forms and informational material disseminated to applicants and the public in frequently-encountered languages.

E. Request for an Interpreter. If an LEP individual requests an interpreter, one shall be provided. A declaration by the individual shall be sufficient to establish the individual's LEP status. Under no circumstances shall a staff member make this determination based solely on whether an LEP individual can answer short questions by nodding or questions to which the answers are simply "yes" or "no."

F. Oral Language Services (Interpretation).

1. Pursuant to its Policy, ME DHHS shall provide competent interpretation for LEP individuals who need such assistance to communicate effectively with ME DHHS staff (See Policy, Section IV.B.). ME DHHS may utilize any of the following language assistance resources, to the extent such resources result in effective communication:
 - a. Bilingual staff;
 - b. Staff interpreters;
 - c. ME DHHS Language phone banks which are staffed with bilingual staff;
 - d. Qualified interpreters available through interpreter agencies, including, but not limited to: RIS Interpret or other community organizations;
 - e. Telephone interpreter services under contract with ME DHHS; or
 - f. Volunteer interpreter programs.
2. ME DHHS shall develop a list identifying all available language interpreters, telephone language lines and other services and resources. For each office, the list shall identify:
 - a. The name and telephone number of every language interpreter available to the office;
 - b. The location of the office where the bilingual interpreter is available;
 - c. The languages or communication method for which each interpreter is qualified;
 - d. The hours and days the interpreter or resource is available to provide language assistance; and
 - e. The procedure by which each resource shall be accessed by staff.

G. Translation of Written Documents.

1. Within one hundred eighty (180) days after the Effective Date of this Agreement, ME DHHS shall identify existing vital documents and shall establish a process for determining which later-created documents are "vital"

to the meaningful access of the LEP individuals served. Vital documents can include, but not be limited to: applications, consent forms, letters or notices pertaining to eligibility for benefits, letters or notices pertaining to the reduction, denial or termination of services or benefits or that require a response from the LEP individual, written tests that test competency for a particular license, job or skill for which knowing English is not required, documents that must be provided by law, and notices regarding the availability of free language assistance services for LEP individuals.

2. Within ninety (90) days of identification of vital documents, ME DHHS shall attach a statement that provides for free language assistance on each vital document. Subsequent to identification of vital documents, ME DHHS shall gradually translate existing vital documents into any language spoken by 5 percent or 1,000, whichever is less, of the total population eligible to be served or likely to be directly affected or encountered by ME DHHS' program, and within the same period, shall translate later-created vital documents.
 - a. If there are fewer than 50 persons in a language group that reaches the 5 percent trigger, ME DHHS may, in lieu of translating such documents, elect to provide written notice in the primary language of the LEP language group of the right to receive competent oral translation of those written materials, free of cost; and ME DHHS shall ensure that competent interpreters are available, free of cost, to provide such services.

H. Timely, Competent Language Assistance. ME DHHS shall ensure that each LEP individual receives competent oral and written language assistance services necessary to ensure meaningful access throughout ME DHHS programs. ME DHHS shall ensure that when language assistance is needed and is reasonable, it shall be provided in a timely manner and without undue delays.

ME DHHS may offer to schedule appointments for LEP individuals at specified times in order to minimize waiting times and to ensure the availability of appropriate qualified language interpreters, provided that the use of an appointment facilitates the provision of language assistance and does not impede or delay the individual's access to benefits and/or services provided by ME DHHS.

I. Language Assistance Staffing and Resources. Based on the language needs assessment conducted pursuant to Section IV.C. of this Agreement, ME DHHS shall determine what resources and arrangements are needed to provide sufficient language

assistance services in a timely manner for oral and written communication. ME DHHS agrees to continue its effort to staff ME DHHS offices and to contract with outside agencies in a manner that meets the language needs of the individuals served by its offices and agrees to monitor bilingual recruitment and staffing to ensure that bilingual staffing adequately supports the language needs of its LEP individuals.

- J. Telephone Communication.** Pursuant to its Policy, ME DHHS shall provide for uniform procedures for timely and effective telephone communication between staff members and LEP individuals (See Policy, Section IV.A.).
- K. Language Assistance Standards.** Pursuant to its Policy, ME DHHS shall ensure that staff interpreters and translators, bilingual employees, volunteers, and contractors providing language services (See Policy, Section V.B.):
1. can accurately and effectively communicate in both English and the primary language of the LEP individual;
 2. can accurately and impartially interpret to and from such languages and English;
 3. have appropriate knowledge of specialized terms and concepts used frequently in the provision of ME DHHS' services;
 4. understand and follow the obligation to maintain confidentiality;
 5. understand the roles of interpreters and the ethics associated with being an interpreter; and
 6. for those providing written translations, have the ability to translate written documents effectively.
- L. Use of Family or Friends as Interpreters.** The parties recognize that LEP individuals may seek to use family members or friends as interpreters. However, ME DHHS shall not require an LEP individual to utilize family or friends to provide interpretation or translation services and must make the LEP individual aware that he or she has the option of ME DHHS providing an interpreter free of charge. In addition:
1. If an LEP individual, after the offer of free language assistance in his or her primary language, elects to use a family member or friend to provide interpretation, ME DHHS shall take reasonable steps to determine whether the individual providing the interpretation is competent to provide this

service. Further, ME DHHS shall take reasonable steps to determine whether conflict of interest, confidentiality or other concerns make use of a friend or family member inappropriate. These concerns are heightened and require the exercise of significant caution, if the LEP individual asks to have a minor provide interpretation. If the friend or family member is not competent or appropriate under the circumstances, ME DHHS shall provide interpreter services in place of or, if appropriate, in addition to the person selected by the LEP individual.

2. ME DHHS staff shall document in the LEP individual's record that an offer of an interpreter was made and declined, and enter the name of the person serving as an interpreter at the LEP individual's request.
3. ME DHHS shall also inform the LEP individual who has declined a ME DHHS-provided interpreter that he or she may reconsider and request an interpreter at any time.

M. Language Assistance Coordinator

1. ME DHHS shall designate staff as its Language Assistance Coordinator(s) who, at all times, shall be responsible for compliance with the requirements of Title VI of the Civil Rights Act of 1964 and for overall development and coordination of ME DHHS' comprehensive language assistance program, including, but not limited to, the monitoring requirements in Section IV.S., established by this Agreement. The Language Assistance Coordinators shall also have overall responsibility for the coordination and oversight of language assistance services for the agency. This responsibility shall include, but is not limited to:
 - a. Maintaining the language resources list pursuant to Section IV.F.2 of this Agreement;
 - b. Responding to questions and resolving complaints received regarding language assistance services established by Section IV.O. of this Agreement; and
 - c. Coordinating the local agency staff training pursuant to Section IV.N. of this Agreement.

- N. Training.** ME DHHS shall conduct mandatory staff training for all supervisors and staff members with public contact responsibilities on the revised policy and procedures for communicating and serving LEP individuals. DHHS agrees to initiate mandatory staff training within ninety (90) days of the Effective Date of this Agreement. Thereafter, staff training on these policies and procedures shall be

conducted at orientation for new employees, or at least within one hundred eighty (180) days of employment.

1. The training program shall be of sufficient content and duration to cover the following:
 - a. The importance of effective communication with LEP individuals;
 - b. The policy and procedures outlined in this Agreement;
 - c. The method used to assess an individual's need for interpreter or other language assistance services;
 - d. The use of interpreters when staff members receive incoming calls from, or make outgoing calls to LEP individuals;
 - e. The impact of ethnic and cultural differences on effective communication and the need for sensitivity to diversity issues;
 - f. The effective method of using an in-person and telephone interpreter; and
 - g. Applicable record-keeping procedures.
 2. ME DHHS shall maintain a training registry that records the names and dates of the employees who have been trained.
- O. Grievance Procedures.** Pursuant to its Policy, ME DHHS shall maintain uniform procedures for receiving and responding to complaints and concerns regarding its provision of language assistance services. (See Policy, Section VIII.).
- P. Notice of Non-Discrimination Policy.** ME DHHS has developed and posted, in each area in which participants wait for service at each office, a Notice of Non-Discrimination (Attachment B).
- Q. Notice of Complaint Availability of Free Language Assistance Services.** Within ninety (90) days of the Effective Date of this Agreement, ME DHHS shall send a Notice of Availability of Free Language Assistance Services to community agencies serving LEP individuals in Maine.
- R. ME DHHS Sub-Recipient.** ME DHHS shall continue to require that all applicable grantees, contractors, cooperative agreement participants and other entities with which ME DHHS arranges or contracts for services execute an Assurance of Compliance certifying compliance with the requirements of Title VI (Attachment C).
- S. Monitoring.** To ensure effective language assistance and access to services, ME DHHS shall develop and implement a program to monitor the provision of language assistance services to LEP individuals and compliance with this Agreement. Every

two years after the Effective Date of this Agreement, the ME DHHS Language Assistance Coordinator shall:

1. Review a sampling of LEP individuals' case records to assess whether primary languages are properly recorded in all case records and whether such individuals are provided adequate language assistance services;
2. Review LEP individuals' complaints to determine adequacy of language assistance services;
3. Assess a sampling of staff's knowledge about ME DHHS' language assistance policies and procedures;
4. Assess a sampling of subcontractor's knowledge about language assistance requirements and procedures to provide language assistance;
5. Review the accuracy of the list containing the availability of bilingual staff, interpreters, and other resources;
6. Request feedback from LEP individuals and advocates;
7. Review the development and distribution of translated ME DHHS-developed documents, and posting of signs in public assistance offices;
8. Assist with the recruitment and assignment of bilingual staff; and
9. Analyze the impact of all procedural and policy changes affecting LEP individuals;
10. Reassess the linguistic needs of the affected population by conducting the Assessment for Determining Linguistic Needs described in Section IV.C; and
11. Develop and conduct a language self-assessment to determine whether language assistance services are provided to LEP individuals when they visit ME DHHS offices or contact an office by telephone. The testing program shall include:
 - a. Unannounced site visits to DHHS offices to be conducted periodically; and
 - b. Requests for public and medical assistance information in languages other than English by testers.

T. Internal Data Collection

1. ME DHHS shall record the primary language spoken by each LEP individual in its computer and/or paper record-keeping system.
2. ME DHHS agrees to continue to document the following information in the case file of each LEP individual:
 - a. The person's primary language and, if necessary, the person's need for translation, interpreter or other language assistance services.
 - b. A notation indicating whether interpretation assistance was provided and what type; and
 - c. In instances where the LEP individual has declined the offer of interpretation assistance, a notation as to whether language assistance services were provided by other means, and what means were used.
3. At such time as the record-keeping system is modified to allow for the recording of such data, ME DHHS shall collect the following data:
 - a. The number of LEP individuals served by primary language spoken and location of services per year;
 - b. The frequency of encounters and requests by LEP individuals within each language group per year;
 - c. The number of individuals providing language assistance services by language group, location, and status (e.g. bilingual staff, paid interpreter, contracted staff, or volunteer) per year; and
 - d. The race and ethnicity of each LEP individual in accordance with the Office of Management and Budget (OMB) Standards for Maintaining, Collecting and Presenting Federal Data on Race Ethnicity, at 62 Fed. Reg. 58782 (October 30, 1997).

U. Reporting Requirements

1. Within two hundred ten (210) days after the Effective Date of this Agreement, ME DHHS will provide to OCR written certification, and include accompanying documentation that ME DHHS has:
 - a. Conducted the Assessment for Determining Linguistic Needs referred to in Section IV.C.;
 - b. Designated which documents are considered "vital documents" pursuant to Section IV.G.1.;

- c. Developed a list of languages which have been identified as languages for which written translation of documents will be provided pursuant to Section IV.G.2.;
 - d. Initiate staff training pursuant to Section IV.M.;
 - e. Developed a self-monitoring mechanism pursuant to Section IV.S.; and
 - f. Issued a Notice of Complaint Settlement and a Notice of Availability of Language Access Services to community agencies; include list of agencies to which the Notice was sent with accompanying documentation pursuant to Section IV.Q.
2. Within thirty (30) months after the Effective Date of the Agreement, ME DHHS shall report to OCR the results of ME DHHS' self-monitoring completed pursuant to the Monitoring Requirement in Section IV.S. and the data specified in Subsections (a) through (d) of the Internal Data Collection Section IV.T.3.

V. Signatures

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

By Brenda Harvey Date 3-10-06
Brenda Harvey, Acting Commissioner

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE FOR CIVIL RIGHTS,
REGION I

By Peter K. Chan Date 3-20-06
Peter K. Chan, Regional Manager



**Department of Health and Human Services
Office of the Commissioner
Policy and Procedure Statement**

Policy # DHHS-01-03

Issue Date: 05/28/03

Revised Date: 01/14/05

I. SUBJECT

Language Access Policy for Individuals Whose Primary Language is not English and individuals who are deaf or hard of hearing.

This Policy and Procedure Statement is designed to provide equal access to programs, services, and benefits for those individuals who may be limited in speaking, writing and/or understanding English (Limited English Proficient) and those individuals who are deaf or hard of hearing.

Background

Since the passage of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, great strides have been made toward the inclusion of all people in the mainstream of American life. All individuals are guaranteed access to public accommodations regardless of race, color, gender, religion, national origin, or physical or mental disability. In Maine, much work has been done to ensure the provision of qualified interpreters for people who are deaf or hard of hearing. The Department seeks to make every effort to ensure equal access to services to all people served, regardless of communication circumstances.

The application of this policy shall be consistent with the provisions of the Civil Rights Act of 1964 (42 USC §§2000a et seq.); the Americans with Disabilities Act of 1990 (42 USC §§12101 et seq.); the Rehabilitation Act of 1973 (42 USC §§701 et seq.); Federal non-discrimination rules (28 CFR Parts 35 and 42); and Maine statutes regarding services to persons who are deaf or hard of hearing (34B MRSA §1218) and ASL interpretation (32 MRSA §1521(5)).

II. POLICY STATEMENT

The Maine Department of Health and Human Services (DHHS) recognizes its obligation to provide linguistic access to services for individuals whose primary language is not English. Individuals for whom DHHS workers may need interpreter services include applicants, clients, family members, and/or companions. When DHHS staff do not speak the language needed, interpreter services are needed to ensure equal access to programs and services provided by this Department and its contractors.

Accordingly, it is the policy of DHHS to provide its staff with interpreter resources to be utilized in providing access to programs and services to LEP persons and to persons who are deaf or hard of hearing. This policy will outline guidelines and procedures for the use of such interpreter services.

All programs, benefits or services provided by DHHS shall be made available to all eligible persons regardless of their abilities to speak, write and/or understand English.

DHHS will provide interpreter services at no cost to individuals applying for or participating in Department programs.

DHHS will mitigate any delay in service delivery due to the need for interpreting services.

DHHS will have policies and procedures combining the use of in-person and telephone interpreter services as well as translated material necessary for effective communication.

DHHS will commit to continued evaluation and improvement of these services and education of staff in resources and procedure

It is a goal of DHHS to employ bilingual/multilingual staff who are able to communicate directly in languages used in our catchment area.

III. RATIONALE

This policy re-issuance and update reaffirms DHHS' commitment to ensure equal access to benefits and services for LEP individuals and persons who are deaf or hard of hearing. The procedures outlined below will ensure that information about services, programs, benefits, consent forms, and rights are communicated in languages that are understood by and are at **no cost**, and with no significant delay to these individuals. Also, this policy re-issuance and update provides for an effective exchange of information between staff and LEP persons, and persons who are deaf or hard of hearing, while services are being provided. The purpose of this policy is to ensure that no person is excluded from or denied equal access to benefits, programs and/or services due to linguistic barriers.

IV. PROCEDURE STATEMENT

A. Access to the Department

1. In the reception areas of all DHHS buildings where client services are provided, DHHS shall post and maintain signs in various languages, informing the public of interpreter services available at no charge to them. Interpreter services include providing in-person interpreters, telephone interpreter services, and making DHHS' employee language bank available.
2. TTY (telephones for the deaf) numbers must be included in any listing of Department telephone numbers. TTY numbers must be listed and clearly identified on all letterhead, business cards, brochures or fliers, facsimile cover pages, posters, web sites, or similar documents or communication tools. Telephone listings and State of Departmental telephone directories must include TTY numbers.

3. TTY telephones must be available and operational in all DHHS office locations, facilities and institutes. Staff must have instruction and demonstrated proficiency in TTY use and access to TTYs sufficient to perform their job tasks. Receptionists and switchboard operators, including those assigned back-up responsibilities, must be capable of receiving and initiating TTY calls. Training and performance standards must include the handling of potential TTY calls ("silent calls"). TTYs must not be set on automatic answer in locations where voice telephones are answered by a staff person in accordance with State policy.

B. Language Assessment and Primary Language Identification

At initial contact, if applicants/clients, family members or companions are non-communicative, exhibit limited English skills (broken English), have a heavy accent or use one-word answers, the DHHS staff member should always consider the possibility that this person may be a LEP individual or deaf or hard of hearing. The DHHS employee should use collateral contacts and referral sources to help determine native or primary language. When in doubt, it is preferable to err on the side of providing appropriate interpreter services to ensure equal access.

Once it has been determined that the applicant/client is LEP, or deaf/hard of hearing, DHHS staff will inform him/her of his/her right to have a language interpreter service at no cost to him/her. In addition, at this time, the applicant/client record MUST reflect that the individual is an LEP person and what is his /her primary language is. A distinctive notation SHALL be placed on the outside of the client's record that reflects that interpreter services will be needed when providing services and programs to this applicant / client. The note shall read "NEEDS INTERPRETER SERVICES" "Language _____" (see attachment #1).

When an individual who is LEP or deaf/hard of hearing who declines DHHS' offer of free in-person or telephone interpreter service, DHHS may use other persons as interpreters when it deems the use of such persons is appropriate. The use of such persons is appropriate only when the DHHS staff person reasonably ascertains that the proposed interpreter is willing and able to provide effective communication between the parties. The DHHS staff person will indicate in the applicant's/client's record that an offer of an interpreter was made and declined and also enter the name of the person serving as an interpreter at the applicant's/client's request. It is not recommended that a family member, or friend be utilized unless other interpreter services have been offered and refused and both parties have agreed to the family member, or friend. DHHS staff shall inform the LEP individual who has declined a DHHS-provided interpreter that s/he has the right to change his/her mind and request a DHHS-provided interpreter at any subsequent time. **When DHHS staff have reason to believe that the preferred interpreter of the LEP individual is hampering effective communication between DHHS staff and the LEP/ deaf or hard of hearing individual, DHHS staff shall obtain and provide a new interpreter service.** Minors may never be used as interpreters under any circumstance. If a DHHS staff member concludes that an interpreter is

needed, it is the responsibility of the service provider or DHHS contact person to initiate arrangements for interpreters as follows:

1. Advise supervisor of the need for interpreter or translator services.
2. Upon supervisory approval, contact an in-house interpreter from the language bank (see Attachment #7) if one is available who speaks the needed language. The primary purpose of the in-house language bank is to provide for immediate communication with individuals who are LEP or deaf-hard of hearing. It is not intended for DHHS bilingual or multilingual staff to provide ongoing interpretation. However, if qualified bilingual/multilingual workers are available to provide care directly in the target language, shifting case loads or units would be optimal. After the initial interpretation is provided by an in-house bilingual/multilingual employee and when qualified direct care staff resources do not exist, arrangements must be initiated for a community resource to provide additional ongoing interpreter service. (See Attachment #8).
3. If an interpreter is not available from the list of community interpreters, one of the telephone interpreter services must be contacted. Telephone interpreter services are available 24 hours a day, seven days a week. Attached are procedures to access telephone interpreter services (See Attachment #3)
4. Any division of the Department will not unreasonably deny a request to release an employee who is needed to provide interpretative service. Employees who provide interpretative services are responsible for notifying their supervisor when leaving or returning to their work area.
5. For any clients who are LEP or deaf/hard of hearing scheduled for court proceedings, a request for an interpreter with legal training must be made in writing to the court. Always allow sufficient lead time for the court to secure interpreter services by making the request early.
6. The institution of division providing the service to the participant is responsible for the cost of related interpretation fees. No contract is required.

C. Staff Expectations

1. Staff members who are proficient in languages other than English, including ASL, are prohibited from providing interpreter services between their clients and service providers, other DHHS or state agency staff, client family members, or peers. The Department recognizes that the roles assumed by its staff in the provision of services of clients are incompatible with the interpreter role. DHHS staff may act as a resource to interpreters and others in situations involving the client and should maintain their roles of advocates, problem solvers, and resource developers. Staff members who are proficient in languages other than English are encouraged to utilize those languages in communicating directly with a client, if it is the client's choice.

2. Qualified staff interpreters may provide interpretation services at meetings or in other situations involving clients of the Department. Qualified staff interpreters may not interpret at any meeting or situation on behalf of their own clients. They may interpret at meetings involving clients carried on the caseloads of other Department staff.
3. Interpretation in legal or quasi-legal situations by DHHS staff for clients is specifically forbidden. Examples of such situations include landlord/tenant relations, guardianship hearings, involuntary commitment proceedings, child custody matters, and any interaction with law enforcement authorities or courts. DHHS staff are reminded that communication access is a basic right and that advocacy on behalf of their client to secure the services of a qualified interpreter in situations such as those described above is an appropriate task of staff.
4. Emergencies, during which life, health or safety of clients or others may be in immediate jeopardy, are sufficient justification to permit DHHS employees to utilize their best judgment and efforts to facilitate communication until such time as qualified interpreters become available in accordance with 32 MRSA §1525-A(2).
5. Qualified interpreters who are also DHHS staff and function as interpreters outside the scope of their roles in the Department may not accept interpreting assignments or jobs from provider agencies with whom the State contracts, except with specific written permission of the Bureau of Purchases. Those assignments involving any individual receiving services from the Department or its contractors to prevent the existence or appearance of any conflict of interest.

D. Printed Translation of Documents

In addition to the required initial contact sign posted in each reception area of DHHS buildings where clients are served, there may be a need to print certain other documents in various languages. It will be determined on a program by program basis which documents will be printed depending on the program client's/applicant's primary language and the number of clients needing language interpretation and whether the document is considered vital.

It is not required that every document that may need to be translated in the future be identified by title or category now. Audio or video translations, if needed (in lieu of printed material) may be utilized.

In the event no written translation of documents is available, DHHS will ensure that in-person translation or translation by telephone will be provided in a timely manner.

V. TRAINING

A. Training of Staff

Staff members who may be called upon to utilize interpreter services under the requirements of this policy will be trained on the implementation of this policy as well as educated about the following:

- The impact of ethnic and cultural differences and effective communication.
- The crucial need for sensitivity and understanding of ethnic and cultural differences.
- Definition of the role of the Title VI/EEO Coordinators.
- How to use interpreter services effectively.

This training will be incorporated into New Employee Orientation and New Supervisory Training. Periodic review of this policy and identification of ongoing training needs will be developed on an on-going basis by each Bureau.

B. Interpreter training, qualifications and confidentiality

DHHS shall take reasonable steps to screen self-identified bilingual staff members and individuals from the general public that offer to be placed on DHHS' active list of interpreters. They will be screened to determine that they can:

- Fluently and accurately communicate in the languages(s) in which they claim proficiency.
- Interpret effectively to and from other languages and English.
- Interpret exact concepts. Interpreters cannot distort the meaning of the interpretation.
- Understand the obligation to maintain confidentiality.

Any in-person interpreter utilized by DHHS staff shall sign a statement certifying that they can interpret fluently in the language needed and indicate whether they can speak, write and/or understand the language (see Attachment # 4). All in-person interpreters shall sign a Confidentiality Agreement/Code of Ethics before services are rendered (see Attachment #5). A file copy shall be maintained by the division or institution employing the interpreter.

NOTE: When a DHHS staff member has reason to believe that an interpreter from a professional agency, a telephone interpreter service, or a DHHS bilingual staff member acting as an interpreter is not qualified or properly trained to serve as an interpreter or is hampering effective communication between DHHS and an individual who is LEP or deaf/hard of hearing, DHHS shall obtain another interpreter.

The Office of Deafness and Multicultural Diversity will coordinate training to interpreters regarding the specialized vocabulary and treatment modalities relevant to consumers of DHHS services. Call the Director of Multicultural Diversity at 287-4240 V/TTY.

VI. RECORDKEEPING

Client data bases developed by and for DHHS must include the capacity to record and retrieve information about race/ethnicity, primary languages, communication barriers, spoken or sign language preferences, interpreter needs, visual or tactile alerts required, assistive listening devices needed, TTY phone numbers, and other similar information. The purpose of this information is to determine program-by-program what action needs to be taken in order to ensure equal access to programs and services for all applicants/clients.

All client records must reflect the source of interpreter used (i.e., whether the interpreter used is a bilingual staff member, an interpreter from a professional agency, an interpreter from the DHHS list of approved interpreters, an interpreter from telephone interpreter services, or a specified individual interpreter requested by the client (see attachment #1).

If no interpreter was utilized, the applicant's/client's record must show the reason for this decision and document any attempts made to obtain an interpreter (see attachment #1).

VII. CONTRACTS AND SERVICE AGREEMENTS

A. Every contract or service agreement that governs the provision of services to clients must be consistent with Department Rules (see 14-191 CMR Ch45), which must include a statement by the vendor promising compliance with the provisions of all applicable State and Federal laws, including those described in this policy. In negotiating contracts and service agreements with prospective vendors, Department staff may consider and discuss how the vendor proposes to:

- Determine a client's primary language;
- Assure access to qualified interpreters;
- Provide for tactile and/or visual alarms for safety and privacy where needed;
- Provide adaptive equipment where needed;
- Pay for communication access where needed;
- Develop communication policies; and/or
- Train staff.

B. Contract managers and Quality Assurance staff must ensure contractors' compliance with contract provisions and the provision of linguistically accessible culturally appropriate services.

- C. Staff will bill Medicaid for ASL (sign language) interpreters and assist contracted provider to do so, when appropriate, under provisions of Chapter 1.06-3, Maine Medical Assistance Manual.

VIII. COMPLAINT RIGHTS AND PROCESS

DHHS will take appropriate corrective action if a complaint or other information indicates a failure by any of its personnel to adhere to the Department of Health and Human Services Language Access Policy.

All complainants **must** be given the complaint procedures and complaint form. (see attachments #6 and #6A). If a client chooses to file a complaint, the Title VI Complaint form shall be completed and forwarded to one the EEO Coordinators.

Translated materials and interpreter assistance will be provided during the complaint process.

The EEO Coordinators, who are the DHHS Title VI Compliance Officers, have been designated to receive and respond to questions or concerns about the adequacy or availability of interpreter services and/or of translated documents at DHHS facilities.

All DHHS staff members who receive complaints from clients must forward them to their immediate supervisors and to the DHHS Title VI Coordinators, 11 State House Station, Augusta, Maine 04333, telephone (207) 287-3488 or (207) 287-4289, TTY: 287-4479 or 287-2000.

The complaint procedure and complaint form shall be distributed to the LEP individual in the appropriate language (if available); otherwise the complaint procedure will be communicated to the individual who is LEP in their language in another effective manner (attachments #6 and #6A).

The DHHS Title VI Coordinators shall also give any person who wishes to file a complaint a copy of the Office of Civil Rights brochure on "How to File a Complaint with OCR". It shall be provided in the primary language of the LEP; if not available in that language, the Coordinators shall direct the person to contact the Office of Civil Rights at 1-800-368-1019 (voice) or 1-800-537-7697 (TTY) (Deaf or hard of hearing), (attachments #6 and #6A).

IX. PUBLIC COMMUNICATION

- A. Video programs, Non-Commercial Sustaining Announcements and Public Service Announcements produced or used by DHHS on or after the date of this policy must be closed captioned. Labels and promotional material must clearly identify the presence of closed captioning. Material already existing as of the date of this policy need not be modified to include closed captioning.

- B. Notices of conferences or workshops open to the general public with pre-registration must state that sign language and assistive listening devices are available upon request. Notices of events open to the general public without pre-registration must state that sign language interpreters and assistive listening devices will be available.
- C. Printed material for the use of the general public must include the notation that the material is available in alternate formats upon request. Alternate formats may include translation of the material into a specific language other than English, large print, Braille, large print, audio or electronic version, etc.

X. DEFINITIONS

American Sign Language:

A visually expressive language, reported to be the fourth most widely used language in the United States. Complete with a grammar and syntax of its own (and separate from that of English), ASL is non-verbal and has no written form. It was recognized by the Maine Legislature in 1991 as "the official state language of the Deaf Community."

Bicultural:

Consisting of cultural characteristics representative of two ethnic or social groups. Bicultural individuals may acquire the norms, attitudes and behavior patterns of their own and another group.

Bilingual:

Text or language expressed in or a person able to speak two languages.

Blind:

The legal definition established by the Social Security Administration is a visual acuity of 20/200 or less in the better eye OR a field of view of 20 degrees or less in the better eye.

Deaf Culture:

The participation in or association with the Deaf Community, its characteristics and its values. Some, but not all, persons who are audilogically deaf are participants in or associated with the Deaf Community.

Deafblindness:

The combination of vision and hearing loss that affects an individual's ability to function within his/her environment. Being deaf/blind presents unique challenges in learning about the world and affects one's ability to communicate, move about freely, and interact with others. Many people who are deaf/blind have some usable vision and/or hearing.

Deafness:

A degree of hearing loss severe enough to render the perception of human speech ineffective for communication, and/or the association with the Deaf Community, its characteristics and its values. Not all persons who are audiologically deaf are participants in or associated with the Deaf Community.

Hard of Hearing:

A functional hearing deficit. A person who is hard of hearing may use visual communication or assistive devices such as hearing aids or amplification devices.

Interpreting:

The act by a third party of receiving a spoken or signed message in one language and delivering it in another language, between two persons who do not share a common language. Interpreting ASL is "the process when a linguistic intermediary between a deaf or hard-of-hearing person and another person translates the spoken utterances or signs, gestures or writing of either person into a linguistic form other than that which that person uses as a primary and preferred form of communication (32 MRSA §1521 (5)."

Interpreter or transliterator:

A neutral bilingual, bicultural "third party" fluent in both English and the target language, trained to convey communications between two or more parties who do not share a common language. An interpreter should not be confused with a bilingual worker who can perform the job function directly in the target language without the services of an interpreter.

Limited English Proficiency:

The inability or difficulty to speak or understand English beyond basic day-to-day conversation. Usually persons who have limited English proficiency are those for whom English is not a native language.

Multicultural:

Consisting of cultural characteristics representative of two or more ethnic or social groups. Multicultural individuals may acquire the norms, attitudes and behavior patterns of their own and other groups.

Qualified Interpreter:

A person "who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary." (28 CFR §35.104)

Qualified Staff Interpreter:

A person on DHHS staff who is bilingual in spoken language and has completed a basic course in interpretation techniques and who is, therefore, able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.

Relay Service:

A service of the telephone company that provides for conversation between a hearing person without a TTY and a deaf, hard of hearing, or speech impaired caller who uses a TTY. The Communication Assistant serves as a bridge between the two callers, speaking the typed TTY message to the hearing party and typing the spoken message to the TTY user.

Silent calls:

A received telephone call during which no sound is heard. Silent calls frequently are calls made from a TTY to a telephone not directly linked to a TTY.

TTY, TDD, TT:

A device that allows typed conversations over ordinary phone lines between two parties with compatible equipment or through the Relay Service.

Translation:

The act by a third party of receiving a written message in one language and delivering it in another language, between two persons who do not share a common language. To ensure accuracy, translated documents are back-translated by another translator into the original language, and compared to the original message.

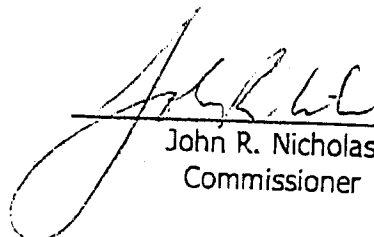
XI. ATTACHMENTS

1. Client Record of Interpreter Services;
2. Employee Guidelines for Utilization of Interpreter Services & Interpreter Resource Guide;
3. Telephone Interpreting Services Procedures (both Pacific Interpreters and Language Line);
4. Interpreter Signature of Agreement (for in-person interpreters, only);
5. Interpreter Confidentiality Agreement (for in-person interpreters, only);
6. Title VI Complaint Procedures; and
- 6A. Title VI Complaint Form
7. In-house Language Bank
8. Interpreter List for Spoken Languages and American Sign Language

XII. DISTRIBUTION

All Staff

January 14, 2005
Effective Date



John R. Nicholas
Commissioner

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLIENT RECORD OF INTERPRETER SERVICES

Date: _____

Name of Client: _____

Address of Client: _____

Primary Language: _____

Race: _____

National Origin: _____

Did the Client Accept DHHS Interpreter Service?

☐ YES

☐ NO

If no, advise the client they can change their mind at any time and request an interpreter.

Give reason for refusal of interpreter services:

If yes, advise the client that they may, at any time, request another interpreter.

Advise the client that if communication with the chosen interpreter is not effective, the DHS employee may, at any time, change the interpreter.

Please indicate below what interpreter services were utilized:

Telephone Interpreter Services ☐

In-person Interpreter ☐ Interpreter Name _____

DHS Employee Language Bank ☐ Employee Name _____

Name of other interpreter used _____

Relationship to client _____

Language Interpreted: _____

Purpose for client contact with DHHS:

DHHS employee name and job classification handling client case:

Signed copy of Interpreter's Signature of Agreement form placed in file?

☐ YES ☐ NO

Signed copy of Confidentiality Rules for In-Person Interpreter Services placed in file?

☐ YES ☐ NO

Name, address and telephone number of interpreter services utilized:

Note to DHHS employee:

You must place the following notation on the outside of the client file to ensure that interpreter services are obtained before doing business with the client:

I. "NEEDS INTERPRETER SERVICES"

Language _____

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EMPLOYEE GUIDELINES FOR UTILIZATION OF
INTERPRETER SERVICES**

NOTE: The guidelines listed below are for quick and easy instructions but should in no way replace the Language Access Policy.

1. Ascertain whether the individual is limited in English and if so, what is his/her primary language.
2. Offer interpreter services and advise him/her that the interpreter will be provided at no cost to him/her.
3. Complete the "Client Record of Interpreter Services" form (Attachment #1.) Place the form in the front of the client file for future use.
4. Place appropriate notation on the outside of the client's file, indicating that an interpreter will be needed when working with this client. The notation needs to read **"NEEDS INTERPRETER SERVICES" LANGUAGE**
_____ Please keep this note consistent on all records (attachment #1).
5. Contact the appropriate interpreter services (i.e., telephone or in-person interpreter from the Department's Interpreter Resource List, or DHHS Employee Language Bank).
6. If no interpreter service is available, immediately reschedule the client contact as soon as possible.
7. In-person interpreters must sign an "Interpreter Signature of Agreement" form, which will be placed in the client file (attachment #5).
8. In-person interpreters must also sign an "Interpreter Confidentiality Agreement" form, which will be placed in the client file as well (attachment #6).
9. Hand out Title VI complaint procedures to the client. This complaint form is for any complaints of discrimination regarding race, color and national origin in the delivery of programs and services. This complaint form does not address complaints regarding ineligibility (attachment #4).
10. If the DHHS employee is aware that a complaint is being filed, his/her immediate supervisor must be notified along with the Title VI Coordinators at Maine Department of Health and Human Services, 11 State House Station 221 State Street, Augusta, Maine 04333-0011, Telephone # 287-3488 (V), 287-4479 (TTY) or 287-4289 (V), 287-2000 (TTY).

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Telephone Interpreting Services

A. PACIFIC INTERPRETERS PROCEDURES

Available 24 hours a day/7 days a week
Provides oral and written translation services
Dial 1-800-870-1069 (Operator Access)

Client ID number: 6730

Step 1. Dial 1-800-870-1069. A Pacific Interpreters' Customer Service Representative (CSR) will answer to assist you.

Step 2. Provide the following information:

- Access Code 6730
- Identify language needed
- Your name (employee initiating call)
- Department unit

Should you require help in identifying the language, the CSR will assist you.

Step 3. An interpreter will be connected in moments.

B. LANGUAGE LINE PROCEDURES

Available 24 hours a day/7 days a week
Provides oral and written translation services
Dial 1-800 874-9426 (Operator Access)
Dial 1-800 367-9559 (Automated Access)

Client ID number: 523011

Personal ID Numbers Attached (Numbered by Region)

1. Operator Access (Gives you a live representative to talk to)
2. Automated Access (Voice activated instructions and your personal code would have to be automated within the Language Line system. This is to provide quicker access to an interpreter).

Operator Access:

When receiving a call from a non-English speaking individual utilize steps 1 through 7.

When placing a call to a non-English speaking individual or when utilizing a telephone interpreter with a person who is LEP on site, utilize steps 2 through 7.

Step 1. Use Conference Hold 1-800-523-1786/Routine: 1-800-874-9426

Step 2. Give the following information:

- Language needed
- Client I.D. number (523011)
- Organization name (Maine Dept of Human Services)
- Personal Code: See attached listing to determine appropriate personal code.

Step 3. Add non-English speaker to the line.

Step 4. Wait for the answer point to conference in the interpreter

Step 5. Brief the interpreter. Summarize what you wish to accomplish and give any special instructions.

Step 6. Say "end of call" to the interpreter when the call is completed.

Automated Access:

Step 1. Dial Language Line Services at 1-800-367-9559

Step 2: Press 1 for Spanish

Press 2 for all other languages

Note: When using this option please follow the steps indicated below:

- Speak the name of the desired language clearly, (e.g. "Arabic", "Japanese").
- Say only the language name—do not add any other words.
- The system will repeat your request and ask that you press 1 to confirm the language needed.
- If you don't know the language, at the prompt, say "help". Your call will be transferred to a live representative.

Step 3: Enter your 6-digit Client ID on the telephone keypad = 523011

Step 4: Enter your numeric Access Code (This code can be the same as the Personal ID Code, but the code will have to be registered in Language Lines computer for use of Automated Access to Interpreter Services).

Step 5: Your interpreter is connected to the call.

LANGUAGE LINE SERVICES PERSONAL IDENTIFICATION NUMBERS BY REGION

The following numbers are registered with the Language Line.

Region I

Personal ID Code

Sanford:

Bureau of Child and Family Services	1110
Bureau of Family Independence	
Eligibility	1121
Aspire	1122
DSER	1123
DROMBO	1160

Biddeford:

Bureau of Child and Family Services	1210
Bureau of Family Independence	
Eligibility	1221
Aspire	1222
DSER	1223
Bureau of Elder and Adult Services	1230
DROMBO	1260

Portland:

Bureau of Child and Family Services	1010
Bureau of Family Independence	
Eligibility	1021
Aspire	1022
DSER	1023
Bureau of Elder and Adult Services	1030
Bureau of Health	1040
Bureau of Medical Services	1050
DROMBO	1060

Region 2

Personal ID Code

Lewiston:

Bureau of Child and Family Services	2010
Bureau of Family Independence	
Eligibility	2021
Aspire	2022
DSER	2023
Bureau of Elder and Adult Services	2030
Bureau of Health	2040
Bureau of Medical Services	2050
DROMBO	2060

Region 2

Personal ID Code

Farmington:

Bureau of Child and Family Services	2210
Bureau of Family Independence	2221
Bureau of Health	2240
DROMBO	2260

South Paris:

Bureau of Child and Family Services	2110
Bureau of Family Independence	
Eligibility	2121
Aspire	2122
DROMBO	2160

Region 3

Personal ID Code

Augusta:

Bureau of Child and Family Services	3010
Bureau of Family Independence	
Eligibility	3021
Aspire	3022
DSER	3023
Bureau of Elder and Adult Services	3030
Bureau of Health	3040
Bureau of Medical Services	3050
DROMBO	3060

Rockland:

Bureau of Child and Family Services	3110
Bureau of Family Independence	
Eligibility	3121
Aspire	3122
DSER	3123
Bureau of Elder and Adult Services	3130
Bureau of Health	3140
DROMBO	3160

Belfast:

Bureau of Health	3440
DROMBO	3460

Skowhegan:

Bureau of Child and Family Services	3210
Bureau of Family Independence	
Eligibility	
Bureau of Health	3221
DROMBO	3240
	3260

Region 4

Personal ID Code

Bangor:

Bureau of Child and Family Services	4010
Bureau of Family Independence	
Eligibility	
Aspire	4021
DSER	4022
Bureau of Elder and Adult Services	4023
Bureau of Health	4030
Bureau of Medical Services	4040
DROMBO	4050
	4060

Calais:

Bureau of Family Independence	4321
Bureau of Elder and Adult Services	4330
Bureau of Health	4340
DROMBO	4360

Dover-Foxcroft:

Bureau of Child and Family Services	4510
Bureau of Health	4540
DROMBO	4560

Ellsworth:

Bureau of Child and Family Services	4110
Bureau of Family Independence	4121
Bureau of Elder and Adult Services	4130
Bureau of Health	4140
DROMBO	4160

Machias:

Bureau of Child and Family Services	4210
Bureau of Family Independence	4221
Bureau of Elder and Adult Services	4230
Bureau of Health	4240
DROMBO	4260

Region 5

Personal ID Code

Caribou:

Bureau of Child and Family Services	5110
Bureau of Family Independence	
Eligibility	5121
Aspire	5122
DSER	5123
Bureau of Elder and Adult Services	5130
Bureau of Health	5140
Bureau of Medical Services	5150
DROMBO	5160

Fort Kent:

Bureau of Child and Family Services	5210
Bureau of Family Independence	
Eligibility	5221
Aspire	5222
Bureau of Elder and Adult Services	5230
Bureau of Health	5240
DROMBO	5260

Houlton:

Bureau of Child and Family Services	5010
Bureau of Family Independence	
Eligibility	5021
Aspire	5022
Bureau of Elder and Adult Services	5030
Bureau of Health	5040
DROMBO	5060

Central Office:

Commissioner's Office	6001
Civil Rights Coordinators	6002
Bureau of Child and Family Services	6010
Service Center	6003
Bureau of Family Independence	
Eligibility	6021
DSER	6023
Bureau of Elder and Adult Services	6030
Disability Determination Services	6031
Bureau of Health	6040
Bureau of Medical Services	6050
Licensing and Certification	6051
Administrative Hearings	6004
ACES	6015

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTERPRETER'S SIGNATURE OF AGREEMENT

NOTE: This form is for in-person interpreter services, not telephone interpreters.

Date: _____ Name of Interpreter (Services): _____

Address of Interpreter Services: _____

Telephone #: _____ Language Interpreted: _____ Client

Name: _____ DHHS Employee Name: _____

I certify that I can: (Speak ☐ Understand ☐ Write ☐) the language I have indicated above.

1. I shall keep all assignment-related information strictly confidential.
2. I shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
3. I shall not counsel, advise or interject personal opinions.
4. I shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
5. I shall request compensation for services in a professional and judicious manner.
6. I shall function in a manner appropriate to the situation.
7. I shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
8. I shall strive to maintain high professional standards in compliance with the Code of Ethics.

I have read, understand and agree to abide by the Code of Ethics as stated above.

Signature of interpreter: _____

Please Print Name: _____

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

CONFIDENTIALITY RULES AND STATEMENT FOR
IN-PERSON INTERPRETER SERVICES

All interpreters shall respect all confidences received in the course of interpretation. All information gained by the Interpreter in the course of his/her professional duties shall remain strictly confidential. This information shall not be communicated, published or in any way divulged to any organization or person, other than the organization or person engaging the services of the Interpreter.

Interpreters shall be held responsible and understand that breach of confidentiality could result in civil or criminal penalties as set out in law.

Interpreter Signature: _____ Date: _____

Print Name: _____

Address: _____

Telephone Number: _____

DHHS Witness:

Print Name: _____

Reference: 22 MRSA, Sec. 42, Sec. 3474, Sec. 4008, 5328
5 MRSA, Sec. 19203

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

TITLE VI COMPLAINT PROCEDURES

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any programs or activities receiving Federal financial assistance." The U.S. Department of Health and Human Services, Office of Civil Rights specifically cites lack of interpreters as having an adverse effect on the opportunities of minorities to gain equal access to programs and services.

The following procedures have been defined to assist in the processing of any complaints arising out of possible Title VI violations.

- Step 1. The Title VI complaint form must be completed and returned to the Title VI Coordinators located at the Maine Department of Health and Human Services, 11 State House Station, 221 State Street, Augusta, Maine 04333 and at 40 State House Station, Augusta, Maine 04333.
- Step 2. Title VI Coordinators have been designated in order to receive and respond to questions and concerns about the adequacy or availability of interpreter services or translation of documents when providing programs and services at the Maine Department of Health and Human Services.
- Step 3. Title VI Coordinators shall provide any person who wishes to file a complaint regarding such matters a copy of this complaint procedure.
- Step 4. If an individual who is limited in English is literate in any of the languages in which the Maine Department of Health and Human Services has printed these procedures, the Maine Department of Health and Human Services shall give her/him a copy of the procedure in the appropriate language. Otherwise, in-person interpreters from the DHHS Language Bank or Telephone Interpreter Services will be utilized to communicate.
- Step 5. The Title VI Coordinators shall also give any person who wishes to file a complaint a copy of the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) brochure "How to File a Complaint with OCR" in the language in which that person speaks, if a translation is available. If no translation of the OCR brochure is available, the Title VI Coordinators shall direct the person to contact the OCR at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD).

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

APPLICANT/CLIENT COMPLAINT FORM

FOR TITLE VI OF THE CIVIL RIGHTS ACT

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any programs or activities receiving federal financial assistance." The U.S. Department of Health and Human Services, Office for Civil Rights specifically cites lack of interpreters as having an adverse effect on the opportunities of minorities to gain equal access to programs and services.

The complaint of an applicant/client must be in writing.

Date of Complaint: _____ Name of client: _____

Primary language: _____ Race/color: _____

National origin: _____

Address of client: _____

Telephone number of client: _____

DHHS employee with whom the client had contact:

Nature of client business with DHHS: _____

Describe the facts that lead you to believe discrimination on the bases of race, color, or national origin occurred: _____

NOTE: This form is to be used only for complaints that Title VI has been violated, not for denial of benefits due to ineligibility.

Signature: _____

Please forward this form to: one of the EEO Coordinators, Maine Department of Health and Human Services, 11 State House Station, 221 State Street, Augusta, Maine 04333

DHHS LANGUAGE BANK

Language Access Policy
Attachment #7
Page 1 of 4

Language	Last Name	First Name	Division	Address 1	Address 2	Telephone	Fluency	Availability
Arabic	Ammari	Mouna	Reg.Optrs	161 Marginal	Portland	822-2228	Excellent	M-F/8:00am-4:30pm
	Austin-Reitch	Mary Ellen	Licensing/Cer	35 Anthony	Augusta	624-5386	Fair	M-F/7:45am-5:00pm
	Chipman	Lorrie	MR	176 Hogan	Bangor	941-4788	Fair	M-F/8:00am-5:00pm
	Davidson	June	DtixPC	Hogan Rd.	Bangor	941-4329	Good	Varies 11 pm-7am
	Descoteaux	Michèle	MR	169 Lancaster	Portland	822-0355	Fair	M-F/8:00am-4:30pm
	Gilbert	Wendy	Advocacy	176 Hogan	Bangor	941-4360	Good	M-F/8:00am-4:30pm
	Golden	Martin	MR	169 Lancaster	Portland	822-0287	Excellent	M-F/8:00am-4:30pm
	Hall	Bill	MH	114 CornShop	Farmington	778-8462	Good	M-F/8:00am-4:30pm
	Jack	Ken	MR Crisis	169 Lancaster	Portland	822-0310	Good	M-F/8:00am-4:30pm
	McDonnell	Heidi	MR	169 Lancaster	Portland	822-0490	Fair	M-F/8:00am-4:30pm
Chinese	Owen	Martha	MR	169 Lancaster	Portland	822-0185	Fair	M-F/8:00am-4:30pm
	Troop	Meryl	Central Office	Marquardt	Augusta	287-4240	Excellent	M-F/8:00am-4:30pm
	Vincent	Michelle	BCFS	161 Marginal	Portland	557-0232	Good	M-F/8:00am-5:00pm
French	Huang	Jiancheng	Disease	Key Bank	Augusta	287-4068	Excellent	M-F/8:00am-4:30pm
	Ammari	Mouna	Reg Optrs	161 Marginal	Portland	822-2228	Excellent	M-F/8:00am-4:30 pm
	Austin-Reich	Mary Ellen	Licensing/Cer	35 Anthony	Augusta	624-5386	Fair	M-F/7:45am-5:00pm
	Barrett	Janet	Riverview PC	AMH Complex	Augusta	624-4692	Good	M-F/8:00am-4:30pm
	Clark	Carol	BCFS	200 Main St.	Lewiston	795-4620	Excellent	M-F/8:00am-5:00pm
	Collin	Peggy	BFI	200 Main St.	Lewiston	795-4508	Excellent	M-F/8:00am-5:00pm

Language	Last Name	First Name	Division	Address 1	Address 2	Telephone	Fluency	Availability
	Corriveau	Brenda	BFI	14 Access	Caribou	493-4110	Excellent	M-F/8:00am-5:00pm
	Cote-Piper	Priscille	MH	Greenlaw	Augusta	287-4235	Good	M-F/7:30am-4:30pm
	Daigle	Marilyn	MR	642 Main St.	Presque Isle	554-2120	Excellent	M-F/8:00am-4:30pm
	Demers	Normand	MR Crisis	CETA Bldg	Augusta	287-7181	Excellent	Days vary/time varies
	Dosile	Pat	Health	161 Capitol	Augusta	882-5349	Good	M-F/8:00am-4:30pm
	Dostie-Smith	Jacqueline	BF/DSER	200 Main St.	Lewiston	795-4492	Excellent	M-F/7:00am-4:00pm
	Driscoll	Michael	MH	15 Prescott	Machias	255-1957	Good	M-F/8:00am-4:30pm
	Dube	Lynn	BCFS	137 Market	Ft. Kent	834-7722	Good	M-F/8:00am-4:30pm
	Dyer	Gisele	BCFS	137 Market	Ft. Kent	834-7721	Excellent	M-F/8:00am-5:00pm
	Fongemie	Janel	BCFS	221 State St.	Augusta	626-8630	Good	M-F/12pm-8pm
	Frigon	Chris	RPC	AMHI Comp.	Augusta	624-4702	Excellent	days vary/3pm-11pm
	Gagnon	Peggy	BCFS	14 Access	Carbou	493-4073	Good	M-F/8:00am-5:00pm
	Gendron	Monique	BEAS	200 Main St.	Lewiston	795-4456	Good	M-F/8:00am-5:00pm
	Griswold	Mark	Bur of Health	Key Bank	Augusta	287-5193	Good	M-F/8:00am-4:30pm
	Harvey	Brenda	Programs	221 State St	Augusta	287-4205	Good	M-F/8:00am-5:00pm
	Hayes	Doris	MR	165 Lancaster	Portland	822-0275	Good	M-F/8:00am-5:00pm
	Lafance	Manon	BCFS	161 Marginal	Portland	822-2193	Excellent	M-F/8:00am-5:00pm
	Lambert	Roger	BCFS	208 Graham	Biddford	286-2497	good	M-F/8:00am-5:00pm
	Lapointe	Cynthia	BCFS	200 Main St.	Lewiston	795-4691	Fair	M-F/8:00am-5:00pm
	Levit	Julie	QA	208 Greaham	Biddford	490-5480	Good	M-F/8:00am-5:00pm
	Mackechnie	Pamela	BCFS	200 Main St.	Lewiston	795-4647	Fair	M-F/8:00am-5:00pm
	Mathieu	Beatrice	BFI	200 Main St.	Lewiston	795-4484	Excellent	M-F/8:00am-5:00pm
	Nadeau	Lucia	Riverview PC	AMHI complx	Augusta	624-4660	Fair	M-F/8:00am-4:30pm
	Nzeyimana	Jean	BFI	161 Marginal	Portland	822-2083	Excellent	M-F/8:00am-5:00pm
	Orestis	Doris	Riverview PC	AMHI complx	Augusta	624-4702	Good	M-F/11:00pm-7:00am
	Ouellette	Amy	MH	169 Lancaster	Portland	822-0204	Good	M-F/8:00am-5:00pm
	Ouellette	Sandra	DROMBO	137 Market	Ft. Kent	834-7704	Good	M-F/8:00am-5:00pm
	Parsons	Jeannelette	DROMBO	14 Access	Caribou	493-4036	Excellent	M-F/8:00am-5:00pm
	Pelletier	Jenny	BCFS	137 Market	Ft. Kent	834-7730	Excellent	M-F/8:00am-5:00pm

Language	Last Name	First Name	Division	Address 1	Address 2	Telephone	Fluency	Availability
German	Plourde	Rachel	DDixPC	P.O.Box 926	Bangor	941-4000	Excellent	M-F/8:00am-4:30pm
	Poirier	Rose	MH	176 Hogan	Bangor	941-4161	Excellent	M-F/8:00am-4:30pm
	Reynolds	Anita	Substance	Marquardt	Augusta	287-8901	Good	M-F/8:00am-4:30pm
	Rivard	Ginette	Children's	642 Main St.	Presque Isle	554-2100	Excellent	M-F/8:00am-4:30pm
Haitian	Worthington	Sandra	MH	15 Mollison	Lewiston	795-4513	Good	M-F/8:00am-4:30pm
	Gregory	Scott	MR	169 Lancaster	Portland	822-0284	Good	M-F/8:00am-4:30pm
Hungarian	Beckett	Geoff	Bureau of	Key Bank	Augusta	287-2770	Good	M-F/8:00am-4:30pm
	Dorogi	Louis	BMS	442 Civic Ctr	Augusta	287-9334	Excellent	M-F/8:00am-5:00pm
Italian	Levitz	Julie	QA	208 Graham	Biddelford	490-5480	Fair-Good	M-F/8:00am-5:00
	Ramirez	Marius	DDixPC	P.O.Box 926	Bangor	941-4000	Fair	M-F/7:00pm-7:00am
Japanese	Meak	Sinn	Lab	221 State St.	Augusta	287-1706	Good	M-F/8:00am-4:30pm
	Nzeyimana	Jean	BFI	161 Marginal	Portland	822-2083	Good	M-F/8:00am-5:00pm
Khmer	Nzeyimana	Jean	BFI	161 Marginal	Portland	822-2083	Fair	M-F/8:00am-5:00pm
	Ramirez	Marius	BM/HI	P.O.Box 926	Bangor	941-4000	Excellent	M-F/7:00pm-7:00am
Lingala	Kladov	Oleg	BFI	161 Marginal	Portland	822-2096	Excellent	M-F/8:00am-5:00pm
	Adam	Ahmed	Dots	442 Civic Ctr	Augusta	287-4539	Excellent	M-F/8:00am-5:00pm
Pilipino	Ramirez	Marius	BM/HI	P.O.Box 926	Bangor	941-4000	Excellent	M-F/7:00pm-7:00am
	Ramirez	Marius	BM/HI	P.O.Box 926	Bangor	941-4000	Excellent	M-F/7:00pm-7:00am
Russian	Kladov	Oleg	BFI	161 Marginal	Portland	822-2096	Excellent	M-F/8:00am-5:00pm
	Adam	Ahmed	Dots	442 Civic Ctr	Augusta	287-4539	Excellent	M-F/8:00am-5:00pm
Somali	Ramirez	Marius	BM/HI	P.O.Box 926	Bangor	941-4000	Excellent	M-F/7:00pm-7:00am
	Ramirez	Marius	BM/HI	P.O.Box 926	Bangor	941-4000	Excellent	M-F/7:00pm-7:00am

Language	Last Name	First Name	Division	Address 1	Address 2	Telephone	Fluency	Availability
Spanish	Ciforelli	Esther	Riverview PC	AMHI Complex	Augusta	624-4631	Good	varies/3:00pm-11pm
	DiMartini	Lillian	BCFS	208 Graham	Biddeford	286-2508	Excellent	M-F/8:00am-5:00pm
	Estabrook	Richard	Advocacy	CETA Bldg.	Augusta	287-2205	Fair	M-F/8:00am-4:30pm
	Gerry	Susan	BFI	360 Old	Rockland	596-4304	Excellent	M-F/7:30am-4:00pm
	Greenberg	Lorie	Com.Serv.Ctr	221 State St.	Augusta	287-5020	Fair	M-F/8:00am-4:30pm
	Lane	Estela	BEAS	11 High St.	Houlton	532-5091	Good	M-F/8:00am-5:00pm
	Levitz	Julie	QA	208 Graham	Biddeford	490-5480	Good	M-F/8:00am-5:00pm
	Libby	Rose	Bur of Health	137 Market	Fl. Kenl	834-7731	Excellent	M-F/8:00am-5:00pm
	Lowell	Suzanne	DdixPC	Hogan Rd.	Bangor	941-4173	Good	M-F/8:00am-5:00pm
	Malusovich	Rebecca	Substance	Marquardt	Augusta	287-6415	Fair-Good	M-F/8:00am-4:30pm
	McDonnell	Heidi	MJR	169 Lancaster	Portland	822-0490	Fair	M-F/8:00am-4:30pm
	Merrill	Jillian	DdixPC	Hogan Rd.	Bangor	941-4329	Fair	varies 7pm-7am
Swahili	Nzeyimana	Jean	BFI	161 Marginal	Portland	822-2083	Excellent	M-F/8:00am-5:00pm
Tagalog	Carmichael	Ruby	DdixPC	Hogan Rd.	Bangor	941-4085	Good	M-F/8:00am-4:30pm
Ukrainian	Kladov	Oleg	BFI	161 Marginal	Portland	822-2096	Excellent	M-F/8:00am-5:00pm
Vietnamese	Leloumeau	Dao	OIS	Greenlaw	Augusta	287-4248	Good	M-F/8:00am-4:30pm
	Tan	Nancy	ICM	Lancaster St.	Portland	822-0270	Excellent	M-F/8:00am-5:00pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTERPRETER LIST

For Spoken Languages and American Sign Language

Revised and Issued April 25, 2005

This is by no means an exhaustive list. Suggestions for additions are welcome, as are comments on the effectiveness of individual interpreters. Please contact Kathleen Lincoln at 287-4289 (V) 287-4479 (TTY), Holly Pomelow at 287-3488 (V) 287-4479(TTY) or Meryl Troop at 287-4240 (V/TTY), 557-0232 (cell).

MAINE INTERPRETER REFERRAL SERVICES

1. RISInterpret, Catholic Charities Maine
Interpreters available in over 30 languages; requires 48 hours advance notice
250 Anderson Street, Portland, ME. 04101
Telephone 871-7437, Ext. 726 or direct dial 523-2726 Fax: 871-7465
2. The Language Exchange, Inc.
Interpreting for business meetings, conferences, etc. in 14 languages
Email: language@maine.rr.com
Web sites: www.translationservices.com; www.immersionprograms.com
Telephone: 772-0405 Fax: 775-7795
3. Maine S.A.F.E (Maine Service Advocates in Foreign Languages and English)
Interpreting, translating and Spanish classes
Email: padoel@colby.edu Mail: 429 Martin Stream Road, Fairfield, ME 04937
Telephone: 634-3321 FAX: 634-5389
4. Certified Interpreting – Sign Language
P. O. Box 6808
Portland, Maine 04101
Telephone: 798-7995
5. Pine Tree Society – Deaf Services
Nonesuch River Plaza
51 US Rt. 1, Suite G
Scarborough, Maine 04074
Telephone: 885-0536
ASL and Visual Gestural Communication statewide and through videoconferencing

6. Hands On ASL, Inc.
317 State Street
Bangor, Maine 04401
Telephone: 947-2341

NATIONAL TELEPHONE INTERPRETING SERVICES

1. American Translation Partners 888-443-2376; 617-989-9989 FAX: 617-989-9919 www.americantranslationpartners.com written material, web sites, tape transcription
2. Certified Languages International 1-800-CERTIFIED; 1-800-237-8434 www.certifiedlanguages.com \$1.65/minute any time, any language
3. Choice Translating and Interpreting (CTI): 1-888-721-2077
www.choicetranslating.com
4. inlingua: 1-800-832-0302
5. Language Line 1 (formerly AT&T Language Line):
1-800-752-0093
6. Pacific Interpreters 1-800-870-1069 Voice and TTY,
www.pacificinterpreters.com
7. Passport To Languages: 1-800-297-2707
www.passporttolanguages.com
8. ANDALEX Language Services Inc.: 800-826-3253
andrei@andalexintl.com

Note: DHHS contracts with Pacific Interpreters and Language Line. Staff are advised to use one of these services first.

ACHOLI (UGANDA & SUDAN)

Language(s): Acholi, Swahili
Name: Mary Otto
Address: 19 Kennedy Park, Portland, ME 04101
Telephone: 871-1568
Interpreter: Yes
Level of Education: GED at Portland Adult ed
Availability: after 3:30 & weekends
Translator: yes
Experience: 6 years
Interp Training: Catholic Charities

AMHARIC (ETHIOPIA)

Language(s): Amharic and Tigrinia
Name: Sisay Desta
Address: P.O. Box 11249, Portland, ME 04104
Telephone: 774-8067 or 772-5320
Interpreter: Yes
Level of Education: some college
Experience: Very experienced, health and human services
E-mail: sisayde@hotmail.com
Translator: yes
Interp Training: Yes, DMHMRSAS

Language(s): Nuer (1st language), Arabic, Amharic
Name: Michael Bol Bol
Address: 57 Walker Street, Apt. A, Westbrook, ME 04092
Telephone: 856-2288 Fax: 874-8271 E-mail: bolbom@portlandschoolddept.org
Work phone during the school year: 874-8250
Interpreter: yes
Level of Education: One year college
Translator: yes
Experience: Two years.
Interp Training: Only two days

Language(s): Amharic and Tigrinia
Name: Mesele Tafere
Address: P O Box 7883, Portland, ME 04112
Telephone: 756-8418 Fax: 874-8920 E-mail: MAT@ci.portland.me.us
Interpreter: yes
Level of Education: college
Experience: extensive
Translator: yes
Interp Training: yes
Expertise: health & human services

ARABIC

Language(s): Arabic and Serbo-Croatian
Name: Husam Dib Abed
Address: 562 Congress St., Portland, ME 04101
Telephone: 871-7437 ext. 155 Fax: E-mail: DLIDIB@aol.com
Interpreter: yes
Level of Education: Bachelor in Civil Engineering Belgrade University
Experience: health and human services
Translator: no

Language(s): Nuer (1st language), Arabic, Amharic
Name: Michael Bol Bol
Address: 57 Walker Street, Apt. A, Westbrook, ME 04092
Telephone: 856-2288 Fax: 874-8271 E-mail: bolbom@portlandschooldept.org
Work phone during the school year: 874-8250
Interpreter: yes Translator: yes Experience: Two years.
Level of Education: One year college Interp Training: Only two days

Language(s): Arabic
Name: Ibrahim Khalifa
Address: P.O. Box 7640 Portland, ME 04112-7640
Telephone: Home: 282-0004 Availability: after 5, with proper notice
Interpreter: Yes Translator: No Experience: 20 years.
Level of Education: Associate degree and coursework at USM.
Interp Training: Yes in ethics and mental health

Language(s): Arabic, Sudanese, Dinka and Nuer
Name: Peter Nien
Address: City of Portland, 196 Lancaster St., Portland, ME 04101
Telephone: 775-7915 ext 263 Fax: E-mail:
Interpreter: Yes Translator:
Level of Education: Interp Training:
Experience: Refugee Resettlement in Africa & US, social worker in UNHCR IFO Refugee Camp in Kenya, translator of Nuer in Iowa and New York, social worker in UT

BULGARIAN

Language(s): French, Serbo-Croatian, Russian, Bulgarian
Name: Julia Georgieva
Address: 827 Stevens Ave. #4, Portland, ME 04103
Telephone: 671-0640 Interpreter: Yes Translator: No
Level of Education: College of Economics, Bulgaria
Interp Training: Catholic Charities Experience: 1 year

CHINESE

Language(s): Mandarin
Name: Sally Ng
Address: 72 Bowdoin Street, Portland, ME 04102
Telephone: 879-0182 Fax: 879-0182 E-mail: lichumaine@hotmail.com
Interpreter: yes Translator: yes Experience: 5 years
Level of Education: B.S. in Taiwan in 1972. Interp Training: No

Language(s): Mandarin

Name: Linda Cantor

Address: 58 South Freeport Road, Freeport, ME 04032

Telephone: 865-0833 Fax: E-mail:

Interpreter: yes Translator: yes

Level of Education: Masters in Health Education Interp Training: yes

Experience: four years Areas of expertise: health, courts, insurance, education

Language(s): Cantonese

Name: Ricki Ho

no response to 2002 survey

Address: 52 Birchwood Drive, Portland, ME 04103

Telephone: pager 821-5227 Pager: 821-5227 E-mail: rickho35@yahoo.com

Interpreter: yes Translator: no

Level of Education: college graduate Interp Training: no

Experience: extensive: courts, health and human services

DARI

Language(s): Dari, Farsi, Pashto, German

Name: Mohammed Yasin Ahmady

no response to 2002 survey

Address: P.O. Box 8467 Portland, ME 04104

Telephone: 761-8174 Fax: E-mail: ahmadyone@hotmail.com

Interpreter: Yes Translator: Yes

Level of Education: B.S. degree in Afghanistan

Interp Training: Yes, at the hospitals and in Germany

Experience: 15 years health and human services, courts, INS

DINKA

Language(s): Arabic, Sudanese, Dinka and Nuer

Name: Peter Nien

Address: City of Portland, 196 Lancaster St., Portland, ME 04101

Telephone: 775-7915 ext 263 Fax: E-mail:

Interpreter: Yes Translator:

Level of Education: Interp Training:

Experience: Refugee Resettlement in Africa & US, social worker in UNHCR IFO Refugee Camp in Kenya, translator of Nuer in Iowa and New York, social worker in UT

FARSI (IRAN)

Language(s): Iranian Farsi and some dialects of Afghan Farsi
Name: Maryam Darjazi
Address: 94 Candlewyck Terrace, Portland, ME
Telephone: 774-5023 Fax: E-mail:
Interpreter: Yes Translator: Yes
Level of Education: Bachelor of English- Farsi Translation, Bachelors in Accounting.
Interp Training: Professional training in Iran and Catholic Charities
Experience: Extensive health and human services
Areas of expertise: health and human services

Language(s): Farsi
Name: Jaleh Hojjati *no response to 2002 survey*
Address: Westbrook
Telephone: 878-4618 Fax: E-mail:
Interpreter: yes Translator: maybe

Language(s): Farsi
Name: Reza Jalali *no response to 2002 survey*
Address: Westbrook
Telephone: 878-4618 Fax: E-mail:
Interpreter: yes Translator: yes
Level of Education: Master in Human Services, Antioch
Interp Training: Yes Experience: Extensive Expertise: Human Services

FRENCH

Language(s): French
Name: Wallace Pinfold
Address: P O Box 813, Brunswick, ME 04011
Telephone: 775-5364 Fax: 725-5364 E-mail: wpinfold@gwi.net
Interpreter: yes Translator: French to English
Level of Education: MA, Anthropology, Northwestern; BA, English, Princeton Interp Training: U
S State Dept. training programs
Experience: 20 years U S State Dept, courts, medical, conferences
Areas of Specialty: Francophone Africa, law, agriculture, environmental protection

Language(s): French (native, France), German
Name: Barbara Hoellinger
Address: 51 Melbourne St., Portland, ME 04101
Telephone: 879-2512 Cell: 409-0632 E-mail: hoellinger2000@yahoo.fr
Interpreter: yes Translator: yes Experience: new
Level of Education: BA Educational Science
Interp Training: included in English courses in college

Language(s): French
Name: Rose I. Poirier
Address: 176 Hogan Rd. Bangor, ME 04401
Telephone: Work 941-4161 Home: 285-7602 Fax: 941-4114
Pager: 681-9255 Availability: At all times depending on schedule
Interpreter: Yes Translator: Yes Experience: 23 years in mental health
Level of Education: Bachelors in Children/Family relations
Interp Training: A weekend workshop a few years ago.

Language(s): French, Serbo-Croatian, Russian, Bulgarian
Name: Julia Georgieva
Address: 827 Stevens Ave. #4, Portland, ME 04103
Telephone: 671-0640 Interpreter: Yes Translator: No
Level of Education: College of Economics, Bulgaria
Interp Training: Catholic Charities Experience: 1 year

Language(s): French
Name: Madeleine Giguere
Address: 22 Germami Street, Lewiston, ME. 04240
Telephone: 782-1474 Fax: E-mail:
Interpreter: Yes Translator: No Experience: 1 year
Level of Education: BA College of New Rochelle, minor in French, MA. Fordham
Interp Training: No Availability: Lewiston and Auburn

Language(s): French (European and Quebecois)
Name: Claire Holman
Address: 56 Jefferson Street, South Portland, ME 04106
Telephone: 767-1785 or 780-4432 Fax: E-mail: cholman@usm.maine.edu
Interpreter: yes Translator: yes Experience: extensive
Level of Education: MSED TESOL, Queens College
Interp Training: DMHMRSAS workshops

Language(s): Spanish, French, German
Name: Michael Zweigoron
Address: 542 Ocean St., So. Portland, ME 04106
Telephone: 799-0689 Fax: E-mail:
Interpreter: yes Translator: depends on content
Level of Education: BS/UC Berkley M.Ed. Literacy Ed w/ESL Specialty/USM
Interp Training: no Interested in training? Maybe

Language(s): Khmer and French
Name: Toh Ping *no response to 2002 survey*
Address: 43 Carter Street, S. Portland, ME 04106
Telephone: 799-9089 Fax: E-mail:
Interpreter: yes Translator: yes
Level of Education: H.S. and 2 years college Cambodia
Interp Training: No Areas of expertise: everything.

Language(s): French
Name: Sue Leonard *no response to 2002 survey*
Address: 10 Lucas Street, Portland, ME 04102
Telephone: (w) 781-7429 Fax: E-mail:
Interpreter: Yes Translator: Yes
Level of Education: Masters
Interp Training: Certificate in French interpreting from Paris
Experience: Medical/ Disability/ Workers Compensation

GERMAN

Language(s): Spanish, French, German
Name: Michael Zweigoron
Address: 542 Ocean St., So. Portland, ME 04106
Telephone: 799-0689 Fax: E-mail:
Interpreter: yes Translator: depends on content
Level of Education: BS/UC Berkley M.Ed. Literacy Ed w/ESL Specialty/USM
Interp Training: no Experience:

Language(s): German (native speaker)
Name: Astrid Redmond
Address: 51 Mt. Pleasant Ave., Skowhegan, ME 04976
Telephone: 474-3187 or 580-5193 pager
Experience: knowledge of both American and German culture and has experience in interpreting. She is a crisis worker at Crisis & Counseling.

Language(s): French (native, France), German

Name: Barbara Hoellinger

Telephone: 879-2512 Cell: 409-0632 E-mail: hoellinger2000@yahoo.fr

Interpreter: yes Translator: yes Experience: new

Level of Education: BA Educational Science

Interp Training: included in English courses in college

Language(s): Dari, Pashto, Farsi, German, Polish, Urdu

Name: Mohammed Yasin Ahmady *no response to 2002 survey*

Address: P.O. Box 8467 Portland, ME 04104

Telephone: 761-8174 Fax: E-mail: ahmadyone@hotmail.com

Interpreter: Yes Translator: Yes

Level of Ed: B.S. degree in Afghanistan Interp Training: Yes, hospitals & Germany

Experience: 15 years health and human services, courts, INS

Language: German

Name: Christina Winter no response to 2002 survey

Address: 53 Exchange Street, Portland, ME 04101

Tel: 775-0592 E-mail: cwinter@cybertours.com

Interpreter? Yes Translator? Yes Interp training? No

Education: MA in Comparative Literature and MA in Clinical Psychology.

Experience: human services, court, child protective, probation and parole.

HINDI

Language(s): Hindi, Punjabi, Urdu

Name: Tejinder Jit

Address: 68 Crestview Dr., So. Portland, ME 04106

Telephone: Home: 767-5795 Work: 207-775-4259 Fax: 775-4259

E-mail: Availability: 8:30 AM to 10:30 PM

Interpreter: Yes Translator: Yes Experience: 4 years

Level of Education: BS Degree, Pharmacist in India

JAPANESE

Language(s): Japanese

Name: Yaeko Collier

Address: 97 Montrose Ave., Portland, ME 04103

Telephone: 774-6481 Fax: E-mail: yaeko@maine.rr.com

Interpreter: Yes Translator: Yes

Level of Education: 4 year college degree Interp Training: No

Experience: Very experienced. Interpreter for Delegation with sister city in Japan.

Areas of expertise: Tourism, meetings, ceremonies.

Language(s): Japanese
Name: Toshimi K. Morin
Address: 10 Brook Rd. Portland, ME 04103
Telephone: 797-0858 Fax: call first E-mail: Iijan@aol.com
Interpreter: yes Translator: yes
Level of Education: Associates degree in English and Tourism from Tokyo, Japan 1988
Interp Training: Yes, trained by and worked for a translation company and Golf.
Experience: 4 years Areas of expertise: some medical

KHMER (CAMBODIA)

Language(s): Khmer
Name: Pirun Sen
Address: 83 Sherman St., Portland, ME. 04103
Telephone: 772-8780 Cell: 332-0240 E-mail: pirunsen64@hotmail.com
Interpreter: yes Translator: yes
Level of Education: 2-year college in Cambodia, some college courses in U.S.
Interp Training: No Experience: Medical, Education

Language(s): Khmer
Name: Khen Duong
Address: 135 Caleb Street, Portland, ME 04102
Telephone: 775-0334 Cell: 831-6526 E-mail:
Interpreter: Yes Translator: Yes Experience: Court, Housing
Level of Education: High School graduate Interp Training: No

Language(s): Khmer
Name: Ricki Ho
Address: 52 Birchwood Drive, Portland, ME 04103
Telephone: 821-5227 Pager: 821-5227 E-mail: rickho35@yahoo.com
Interpreter: yes Translator: no
Level of Education: college educated Interp Training: no
Experience: extensive: courts, health and human services

Language(s): Khmer and French
Name: Toh Ping (Doesn't interpret often) *no response to 2002 survey*
Address: 43 Carter Street, S. Portland, ME 04106
Telephone: 799-9089 Fax: E-mail:
Interpreter: yes Translator: yes
Level of Education: H.S. and 2 years college Cambodia
Interp Training: No Areas of expertise: everything.

NUER (SUDAN)

Language(s): Nuer (1st language), Arabic, Amharic
Name: Michael Bol Bol
Address: 57 Walker Street, Apt. A, Westbrook, ME 04092
Telephone: 856-2288 Fax: 874-8271 E-mail: bolbom@portlandschooldept.org
Work phone during school year: 874-8250
Interpreter: yes Translator: yes Experience: Two years.
Level of Education: One year college Interp Training: Only two days

PASHTO

Language(s): Dari, Pashto, Farsi, German, Polish, Urdu
Name: Mohammed Yasin Ahmady *no response to 2002 survey*
Address: P.O. Box 8467 Portland, ME 04104
Telephone: 761-8174 Fax: E-mail: ahmadyone@hotmail.com
Interpreter: Yes Translator: Yes
Level of Education: B.S. degree in Afghanistan
Interp Training: Yes, at the hospitals and in Germany
Experience: 15 years health and human services, courts, INS

POLISH

Language(s): Dari, Pashto, Farsi, German, Polish, Urdu
Name: Mohammed Yasin Ahmady *no response to 2002 survey*
Address: P.O. Box 8467 Portland, ME 04104
Telephone: 761-8174 Fax: E-mail: ahmadyone@hotmail.com
Interpreter: Yes Translator: no Polish or Urdu
Level of Education: B.S. degree in Afghanistan
Interp Training: Yes, at the hospitals and in Germany
Experience: 15 years health and human services, courts, INS Language Access Policy

PORTUGUESE

Languages: Spanish, Portuguese
Name: Priscilla Doel
Address: 429 Martin Stream Road, Fairfield, ME
Telephone: 634-3326 Fax: 634-5389 E-mail: padoel@colby.edu
Interpreter: Yes Translator: Yes Level of Education: Masters plus Interp
Training: Yes Experience: Extensive

PUNJABI

Language(s): Hindi, Punjabi, Urdu

Name: Tejinder Jit

Address: 68 Crestview Dr., So. Portland, ME 04106

Telephone: Home: 767-5795 Work: 207-775-4259 Fax: 775-4259

E-mail: Availability: 8:30 AM to 10:30 PM

Interpreter: Yes Translator: Yes Experience: 4 years

Level of Education: BS Degree, Pharmacist in India

RUSSIAN

Language(s): French, Serbo-Croatian, Russian

Name: Julia Georgieva

Address: 827 Stevens Ave, Portland, ME 04103

Telephone: 671-0640 Fax: E-mail:

Interpreter: Yes Translator: No

Level of Education: College of Economics, Bulgaria

Interp Training: Catholic Charities Experience: 1 year

Language(s): Russian and Serbo-Croatian

Name: Vladimir Reneyske

Address: 12 Hovey Luce Rd. Mount Vernon, ME 04352-9734

Telephone: 293-2145 Availability: anytime -Augusta area

Interpreter: Yes Translator: Yes Experience: 10 years

Level of Education: College Interp Training: No

Language(s): Russian

Name: Charlotte Rosenthal

Address: 457 Mitchell Road, Cape Elizabeth, ME 04107

Telephone: 767-0929 H; 780-4325 W Fax: E-mail:

Interpreter: Yes Translator: Yes

Level of Education: Masters Interp Training: Yes, DMHMRSAS

SERBO-CROATIAN (BOSNIAN)

Language(s): French, Serbo-Croatian, Russian

Name: Julia Georgieva

Address: 827 Stevens Ave, Portland, ME 04103

Telephone: 671-0640 Fax: E-mail:

Interpreter: Yes Translator: No

Level of Education: College of Economics, Bulgaria

Interp Training: Catholic Charities Experience: 1 year

Language(s): Russian and Serbo-Croatian

Name: Vladimir Reneyske

Address: 12 Hovey Luce Rd. Mount Vernon, ME 04352-9734

Telephone: 293-2145 Availability: anytime in Augusta area

Interpreter: Yes Translator: Yes Experience: 10 years

Level of Education: College Interp Training: No

Languages: Serbo-Croatian

Name: Biljana Nedelskovic

Address: 21 School St #108 Portland, Maine 04102

Telephone: 772-6164 Fax: E-mail: bilja1@att.net

Interpreter: yes Translator: yes

Level of Education: college Interp Training: yes

Experience: extensive Areas of expertise: everything

Language(s): Arabic and Serbo-Croatian

Name: Husam Dib Abed

Address: 562 Congress St., Portland, ME 04101

Telephone: 871-7437 ext. 155 Fax: E-mail: DLIDIB@aol.com

Interpreter: yes Translator: no

Level of Education: Bachelor in Civil Engineering Belgrade University

Experience: health and human services

Language(s): Serbo-Croatian

Name: Dejan Glisic

Address: 104 Capisic Street, Portland, Maine 04102

Telephone: 773-0441 Fax: E-mail: dejan@maine.rr.com

Interpreter: yes Translator: yes

Level of Education: some college Interp Training: no

SOMALI

Language(s): Somali
Name: Awralla Aldus
Address: 87 Spring Street, Portland, Maine 04101
Telephone: none

Language(s): Somali
Name: Greater Boston Legal Services
Address: 197 Friend Street, Boston, MA 02114
Telephone: (617) 371-1234

Language(s): Somali, Swahili
Name: Abdi Ahmed Musa
Address: 8 Salem Street #605, Portland, Maine 04102
Telephone: 874-4063
Interprets and translates

Language(s): Somali
Name: Somalia Women & Children Center (Mariam Gas)
Address: 134 Warren Street, Roxbury, MA 02119
Telephone: (617) 445-5300

SPANISH

Language(s): Spanish
Name: Mary L. Zapata Delgado
Address: 306 Keene Neck Rd #1, Bremen, ME 04551
Telephone: 529-5109 Fax: 529-2457 E-mail: taino@lincoln.midcoast.com
Interpreter: yes Translator: yes Experience: 15+ years
Level of Education: College degree in language Expertise: health & human services
Availability: working hours Portland to Augusta

Language(s): Spanish
Name: Helen L. Marston
Address: P.O. Box 5, Tenants Harbor, ME 04860
Telephone: 372-8494 Fax: E-mail: hlmain@midcoast.com
Interpreter: Yes Translator: Yes
Level of Education: MA in Spanish Middlebury, MSW Adelphi
Interp Training: DMHMRSAS Availability: anytime
Experience: 45 Interested in training? Yes

Language(s): Spanish (WRITTEN TRANSLATION)

Name: Jeanne Bell McMorrow

Address: 56 Shore Drive, Freeport, ME 04032

Telephone: 865-4806 Fax: E-mail: jbmcmorrow@aol.com

Pager: Availability: Weekdays 10 AM – 2 PM

Interpreter: possibly Translator: Yes

Level of Education: BA Anthropology William and Mary, minor in Spanish

Interp Training: No – wants info and medical training

Experience: 10 years written translation. Born in Guatemala, lived in Latin America for 17 years.

Experience in general and medical translations

Language(s): Spanish

Name: Rocio Saldana-Reyes

Address: 638 Congress Street, Portland, ME 04101

Telephone: 780-8625 Fax: E-mail: seyerrociosald@cs.com

Pager: Availability: Thursdays and Fridays

Interpreter: Yes Translator: Yes

Level of Education: BA in Modern Languages University of Caldas, Colombia

Interp Training: DMHMRSAS Experience: 4 years

Spanish, Portuguese

Name: Priscilla Doel

Address: 429 Martin Stream Road, Fairfield, ME

Telephone: 634-3326 Fax: 634-5389 E-mail: padoel@colby.edu

Interpreter: Yes Translator: Yes Level of Education: Masters plus

Interp Training: Yes Experience: Extensive

Language(s): Spanish, French, German

Name: Michael Zweigoron

Address: 542 Ocean St., So. Portland, ME 04106

Telephone: 799-0689 Interpreter: yes Translator: depends on content

Level of Education: BS/UC Berkley M.Ed. Literacy Ed w/ESL Specialty/USM

Interp Training: no Experience:

Language(s): Spanish

Name: Sara Shannon

Address: P O Box 321 Bristol, ME 04539

Telephone: 677-2202 H 563-3596 W E-mail: shanperu@tidewater.net

Availability: Southern Maine, midcoast, Augusta

Interpreter: yes Translator: yes Experience: 17 years in Latin America

Level of Education: BA French, minor Spanish, PA & Paris Sorbonne

Interp Training: no Area of expertise: pedagogy, teacher training, religious

Language(s): Spanish (native Peru)
Name: Maria Sanchez - Cron
Address: 246 Auburn St. #74, Portland, ME 04103
Telephone: 878-6653 Fax: E-mail: incaroots@yahoo.com
Interpreter: yes Translator: yes
Level of Education: 1 year college Interp Training: 2 DMHMRSAS

Language(s): Spanish
Name: Clara Faulkingham
Address: 31 Gardiner Avenue, Apt. 7, Box 25, Machias, ME 04654
Telephone: 255-4626

Language(s): Spanish
Name: Rose M. Thompson
Address: RR1, Box 83A, Machias, ME 04654
Telephone: No listing

Language: Spanish
Name: Nella Alvarez
Address: 16 Mussey Street, Apt. 101, S. Portland, ME 04106
Telephone: none

Language(s): Spanish
Name: Rosalinda Burch
Address: 25 Sequoia Drive, Freeport, Maine 04032
Telephone: 865-4207

Language(s): Spanish
Name: Leticia C. Foss
Address: 104 Sand Pond Road, Sanford, Maine 04073
Telephone: 490-3705

Language(s): Spanish
Name: Jenny Howitt
Address: 230 Howitt Road, Lyman, Maine 04002
Telephone: 324-3464

Language(s): Spanish
Name: Louisa McCarthy
Address: unknown
Telephone: 874-8135

Language(s): Spanish
Name: Rosito Roberge
Address: Portland, Maine
Telephone: 787-6972

Language(s): Spanish
Name: Karen Taylor
Address: 77 Torrington Avenue, Peaks Island, Maine 04108
Telephone: 766-2811

SWAHILI

Language(s): Acholi, Swahili
Name: Mary Otto
Address: 19 Kennedy Park, Portland, ME 04101
Telephone: 871-1568 Availability: after 3:30 & weekends
Interpreter: Yes Translator: yes Experience: 6 years
Level of Education: GED at Portland Adult ed Interp Training: Catholic Charities

Arabic, Somali, Swahili

Language(s): Swahili, Somali
Name: Abdi Ahmed Musa
Address: 48 Salem Street #605, Portland, Maine 04102
Telephone: 874-4063
Interprets and translates

TIGRINIA

Language(s): Amharic and Tigrinia
Name: Mesele Tafere
Address: P O Box 7883, Portland, ME 04112
Telephone: 756-8418 Fax: 874-8920
Interpreter: yes
Level of Education: college
Experience: extensive
E-mail: MAT@ci.portland.me.us
Translator: yes
Interp Training: yes
Expertise: health & human services

Language(s): Amharic and Tigrinia
Name: Sisay Desta
Address: P.O. Box 11249, Portland, ME 04104
Telephone: 774-8067 or 772-5320
Interpreter: Yes
Level of Education: some college
Experience: Very experienced, health and human services
E-mail: sisayde@hotmail.com
Translator: yes
Interp Training: Yes, DMHMRSAS

URDU

Language(s): Dari, Pashto, Farsi, German, Polish, Urdu

Name: Mohammed Yasin Ahmady

Address: P.O. Box 8467 Portland, ME 04104

Telephone: 761-8174

Fax:

E-mail: ahmadyone@hotmail.com

Interpreter: Yes

Translator: Yes

Level of Education: B.S. degree in Afghanistan

Interp Training: Yes, at the hospitals and in Germany

Experience: 15 years health and human services, courts, INS

no response to survey 2002

Language(s): Hindi, Punjabi, Urdu

Name: Tejinder Jit

Address: 76 Mass. Ave., Portland, ME 04102

Telephone: Home: 780-0128 Work: 775-4259 Fax: 775-4259

E-mail: tejinderjit@aol.com

Availability: 8:30 AM to 10:30 PM

Interpreter: Yes

Translator: Yes

Level of Education: BS Degree, Pharmacist in India

Interp Training: Experience: 4 years

VIETNAMESE

Language(s): Vietnamese

Name: Ty Li

Address: 1520 Congress St., Portland, ME 04102

Telephone: 774-4685

Fax:

E-mail: tly@maine.rr.com

Interpreter: Yes

Translator: Yes

Availability: Flexible

Level of Education: UMF Rehabilitation/psychology

Interp Training: Catholic Charities

Experience: 8 years

Languages: Vietnamese, Chinese, and Khmer

Name: Ricki Ho

Address: 52 Birchwood Drive, Portland, ME 04103

Telephone: 821-5227

Fax:

E-mail: rickho35@yahoo.com

Pager: 821-5227

Interpreter: yes

Translator: no

Level of Education: college educated

Interp Training: no

Experience: extensive

Areas of expertise: courts, health and human services

no response to survey 2002

NOTICE OF NON-DISCRIMINATION POLICY

In accordance with the laws and regulations cited below*, _____
does not discriminate on the basis of race, color, national origin, disability, or age in
admission or access to, or treatment or employment in, its programs or activities.

The person whose name appears below has been designated to coordinate our efforts to
comply with the U.S. Department of Health and Human Services regulations
implementing these Federal laws. You may contact this person for further information
about these regulations and our grievance procedure for the resolution of discrimination
complaints.

(Name and Title of Designated Coordinator)

Office Address: _____

Telephone No: _____

TDD No.: _____

*

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.); 45 C.F.R. Part 80.
- Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794); 45 C.F.R. Part 84.
- Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.); 45 C.F.R. Part 91.
- Title II of the Americans with Disabilities Act of 1990, (42 U.S.C. §12131), 28 C.F.R. Part 35.

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135) as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no persons in the United States, shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

Date

Signature and Title of Authorized Official

Name of Applicant or Recipient

Street

City, State, Zip Code